

## Pyloric Stenosis

**Definition/  
cut-off value**

Gastrointestinal obstruction with abnormal gastrointestinal function affecting nutritional status. Presence of pyloric stenosis diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

**Participant  
category and  
priority level**
**Category**

Infants

**Priority**

I

**Justification**

Nonbilious projectile vomiting characteristically begins at two to three weeks of age and progresses to almost complete gastric outlet obstruction. Pyloric stenosis is associated with constipation, weight loss, dehydration and electrolyte imbalance. Most commonly it requires surgical correction within the first month of life. However, surgical repair is frequently unavailable, delayed or not completely effective leaving residual nutrition and potential growth problems. The infant remains at risk until full recovery from surgery and gastrointestinal function returns to normal.

**Clarifications/  
Guidelines**

Before assigning this risk code, document the presence of pyloric stenosis on the health history form.

Projectile vomiting may sometime be related to pyloric stenosis. Probe parent/caretaker to determine what other gastrointestinal obstruction or condition might exist, or if a developmental, sensory or motor delay interfering with the ability to eat (risk code 362) exists.

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis ("My doctor says that I have/my son or daughter has...") should prompt the CA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

**References**

Ed. By Bergsma, D.: Birth Defects Atlas and Compendium; March of Dimes; 1974; p. 768.